

**Quarterly Quality Assurance Report - Q1
1 April 2025 – 30 June 2025**

1. Summary

Over the Q1 reporting period, Early Help and Childrens Social Care continued with their monthly deep dive case audit programme using the methodology and templates created in partnership with Audit to Excellence.

We encourage a collaborative approach in our monthly audits through the engagement of children and families as well as social workers and managers. Moderation also includes collaborative discussions with auditors.

Wider quality assurance activity is becoming embedded in managers daily practice and is becoming more consistently reported on. This audit and quality assurance activity allows us to evaluate the quality and impact of practice across all service areas, supporting us to improve the delivery of services to children, young people and families in Halton who need our help.

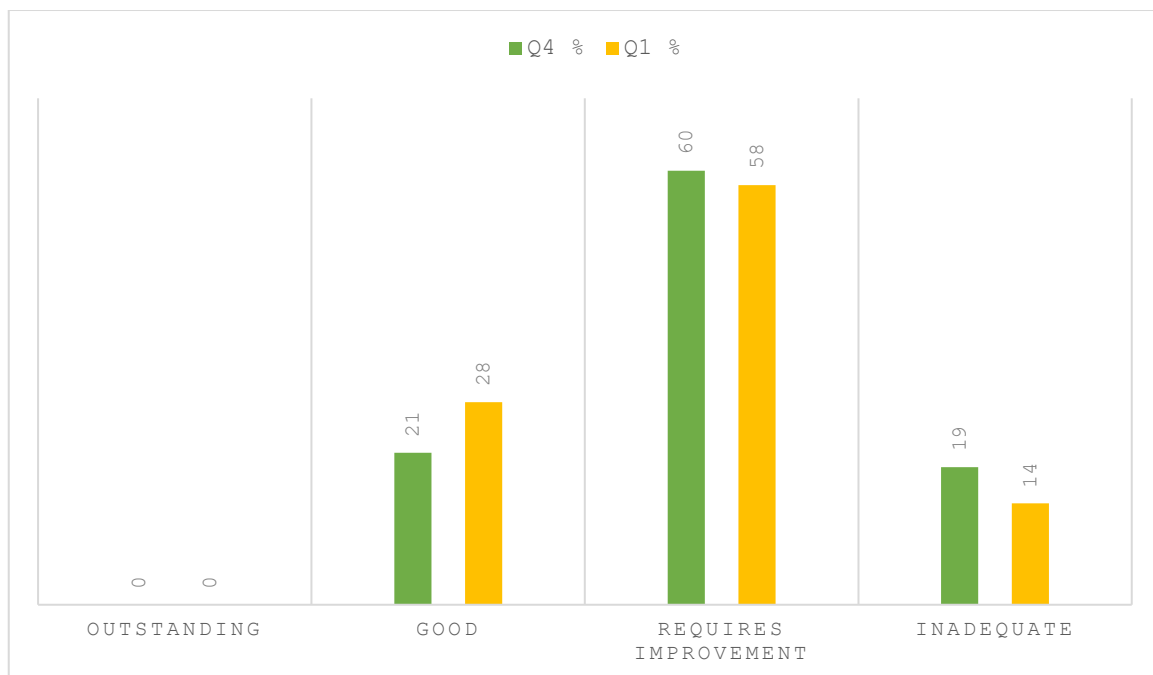
The following activity undertaken during Q1 (April 2025 to June 2025) is reported on within this document:

- Monthly deep dive case audit programme
- Monthly ICART multi-agency audits
- Thematic audits relating to:
 - Placement with Parents regulations
 - Prevention of Homelessness and Provision of Accommodation for 16 and 17 Year Olds who may be homeless and/or Require Accommodation; and Duty to Refer
 - Father inclusive practice
- Managers routine quality assurance activity – Please see relevant service area for this.

2. Monthly Audit Programme – deep dive case audits

During Q1, **65** collaborative audits have been completed. These relate to children supported through the whole spectrum of plans and service areas: Early Help, DAT, Children in Need, Child Protection, Children Looked After and Care Leavers.

Monthly Collaborative Audits Completed - Overall

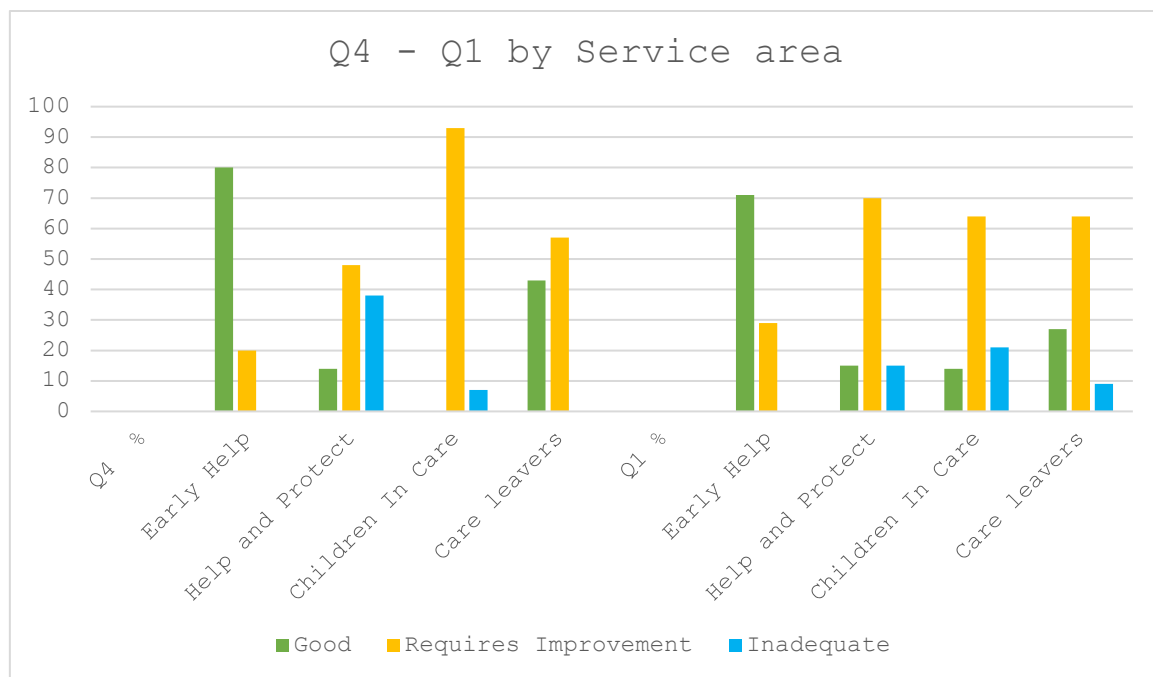


- We are increasingly confident with the accuracy of our audits gradings. We see evidence of the use of our grade descriptors to support audit gradings, resulting in fewer audits now being regraded through moderation.
- Q1 54% of all audits were moderated. Of those moderated 80% had the grading agreed.
- Changes in Social Worker is a common denominator in audits graded as inadequate, where our workforce is stabilising, we are beginning to see the impact of this in improved quality and consistency of practice.
- Scrutiny of supervision and management oversight through audit, provides evidence that managers are more robustly addressing quality of practice and reinforcing expectations in line with practice standards. This remains a targeted area to achieve sustained improvement.
- For the audits with an overall grade of RI, there are some pockets of good practice captured within the sub-gradings, consistency across the board is needed.

- Included within the 65 audits are 16 children (24.5%) whose files have been re-audited 6 months after a previous audit where the grading has been inadequate. There is improvement demonstrated in 14 (87.5%) of these audits.

Date	Number of children re-audited	Good	RI	IA
Q1	16	12.5 %	75%	12.5%

Breakdown per Service Area



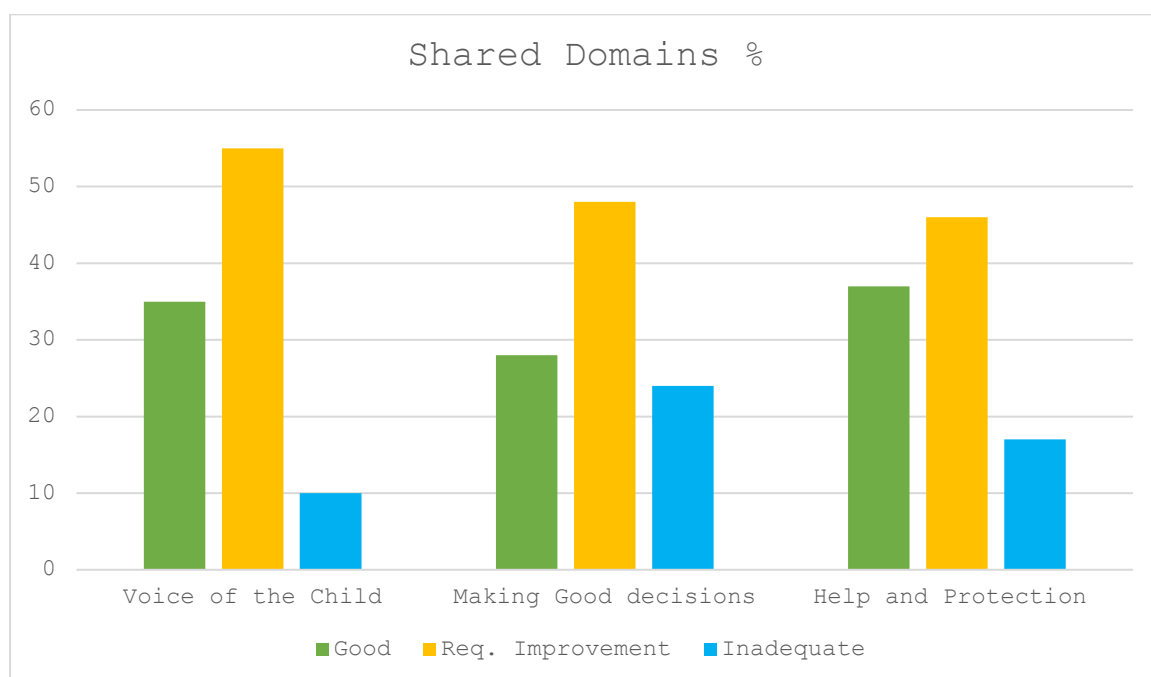
On average over the last 3 months of audit, Q1 overarching practice has shown an upturn when compared with previous Q4, Good has improved by 7% to 28%. RI has decreased by 2% and IA has decreased by 5%.

- 28% of audits were graded as **Good** ↑
- 58% were graded as **Requires Improvement** ↔
- 14% were graded as **Inadequate** ↓

To ensure consistency in comparison, and assurance that practice is improving, the rate of audit submission needs to remain high. Lower numbers of audit returns skew findings and we can't be confident on a smaller sample that we are capturing an accurate understanding of the quality of front line practice.

During this quarter the higher number of submitted audits in June 2025 balances the lower numbers for April and May.

There are 3 shared domains service wide within the audit format - Voice of the child, Making good decisions, Help & Protection. Service wide, this evidences where practice sits. It demonstrates where the improvement is needed.



Early Help

Early help continues to have no audits graded as inadequate. However, there has been some reduction in the number graded as good. The service report that this is likely related to staff sickness impacting on service delivery for children and their families.

A 9% decrease in 'Good' audits has directly impacted an upturn in those graded requires improvement.

Grade	Early Help		
	Q4	Q1	
Good	80%	71%	↓
RI	20%	29%	↑
IA	0%		↔

Early help continues to evidence good practice in terms of direct work and engaging with children and their families. There is evidence of relationship-based practice having an impact and driving change in children's lives.

Management oversight drives plans and gives clear directions to workers to best support families in reflective supervision. MAP's are well written including family strength, needs and are SMART.

Learning and improvement is identified in a number of areas that are also reflected service wide such as father inclusive practice, updated chronologies needed and the impact of drift and delay for families when staff shortages impact work allocation.

When scrutinising sub-grades to support areas of practice improvement Early Help is consistently 'Good' in all areas with occasional RI (2/7) in the domains Making Good Decisions and Needs, Risk Threshold. Voice of the child is consistently graded good without exception so is Help & Protection.

Help & Protection

A comparison of Q4 to Q1 identifies an upward trajectory in quality of practice. There has been a significant reduction in the number of audits graded as inadequate and an increase of requires improvement and of those graded Good. This shows positive progress in service delivery for children supported by our DAT, CIN/CP teams.

Grade	Help & protect		
	Q4	Q1	Trajectory
Good	14%	15%	↑
RI	48%	70%	↑
IA	38%	15%	↓

Across our CIN/CP cohort of families there is an improving picture of better practice. Themes that are showing in this quarter are improved supervision and management oversight. Management oversight that is timely and evidencing scrutiny of risk is evident alongside prompt response to those children needing immediate support and risk management via strategy meetings and s47.

There is evidence of well written assessments, voice of the child is increasingly stronger on file and now requires consistency across the service. Thematic dip sampling undertaken by the CIN service manager and social workers (utilising a peer review methodology) has supported improving service delivery in this area ensuring we capture the voice of the child and give this meaning.

Social workers are evidencing relationship-based practice that is having a positive impact, and this is supported by family feedback. Core groups and CIN meetings are demonstrating an improving multi-agency response for families. The audit established children's views need to impact their plans and analysis of this must be clear. This is an improving area of work, but evidence of change is provided in monthly file audits. For our CIN/CP cohort of children Voice of the child is a positive picture with those deemed Good at 21% and RI 64%, 15% graded inadequate, indicating room for improvement to push to Good.

Auditors continue to evidence themes for improvement where there is inconsistency in visiting to families, fathers are often not included and the rationale for non-inclusion is not clear, case summaries need to improve as do children's chronologies. While

supervision is an improving area this is not consistently in line with standards and can lack reflection. This was particularly evident for DAT when management capacity was stretched in the early part of Q1.

In accordance with our QA framework and 'closing the loop', audits graded as inadequate are re-audited after 6 months. During Q1, there were 5 children re-audited across our child in need teams. All 5 evidenced improved practice. 4 have been deemed requires improvement and 1 was graded good.

1 graded requires improvement was moderated and the grading agreed. 1 graded Good was reviewed at moderation panel and the grading was agreed at Good. Again, while practice is not consistent across the board, this offers some assurance of an improving picture of practice and service delivery for our children.




The domain Making Good decisions while evidencing 66% of all audits RI or Good, inadequate audits are higher at 33%. The improvement of management oversight, supervision and application of threshold would be the priority to drive timeliness of decision making and response. Improved recording on children's files would also support this area with improvement.

Help and protection sub-grade for Q1 sits at Good 30%, RI 48% and Inadequate 21%. Prioritising practice in the other domains (making good decisions) would continue to support improvement in this area also. The recurring themes are improving supervision and management oversight; timeliness of visits need to be a priority also.

Early in Q1 dip sampling was undertaken in respect of children's plans and threshold application. The audit found this was variable and lacked consistency across the teams. The learnings have been shared and actions to address consistency. Needs, risk and threshold domain would be influenced by this. Currently for Q1 this sits at Good 30%, RI 60% and Inadequate 10% suggesting some practice is showing improvement in this area.

Children in Care

While an upturn in Good is evidence of improved practice the consequential downturn in Requires Improvement and increase in Inadequate is potential cause for concern. One hypothesis is due to a decrease in audit submissions in the area of children in our care this has potentially skewed the figures, as fewer audits make a larger percentage impact. Overall inadequate audits equate to 3 children.

Grade	CIC		
	Q4	Q1	Trajectory
Good	0%	14%	
RI	93%	64%	
IA	7%	21%	

Q1 period demonstrates improved practice in management oversight and supervision, particularly where new permanent staff have been recruited to positions. There is evidence of stronger voice of the child, timely PEP meetings, direct work with children, good relationship-based practice. Again, this is supported by children/young people and family's feedback.

Of note when some audits have been graded less than 'Good' the family feedback has been positive in respect of the worker. This is not confined to CIC but evidenced across the service (it should be noted this is based on small numbers). Next steps need to include more family feedback to evidence that improved practice is exploring quality as well as adherence to practice standards. Increase in family feedback would allow for better triangulation of findings and assurance when auditing.

An emerging theme is auditors' views that social workers are 'acting as a reasonable parent would' which of course is vital in our role as corporate parents. Going forward to ensure this is built on and establish consistent practice, regular, reflective supervision that drives plans for children must be a priority, Care planning meetings but be timely, chronologies improved alongside direct work being evident on children's records. Management oversight needs to be more consistent across the service.

In respect of Q1 re-audits for children who received an inadequate audit previously totalled 8. 6 of those re-audits are now deemed requires improvement. 5 of these have been moderated and audit grades agreed. Offering some assurance around our practice for children in our care and as corporate parents.

2 children's audits continued to be graded inadequate. This is the third inadequate audit in 12 months for both those children. HOS is following the process for inadequate audits and undertaking learning circles etc the outcome of which will be shared on completion. Both children have been escalated to relevant SLT to ensure oversight.

Continued grading of IA for an individual child suggests a lack of reflection around audit findings and a lack of management grip and oversight in improving outcomes. It also indicates that whilst audit is providing a clear line of sight to practice it is not consistently driving improvements in practice for individual children and/or the wider organisation as a corporate parent.

The Children in our Care subgrades tell us where the service delivery does well with stability and permanence being Good in 50% of Q1 audits, 36% RI and only 14% graded inadequate. Dip sample audits established this could be improved further by ensuring placement requests for our children in care are robust. A review of placement requests established consistency is needed in management oversight and clear language should be included. The support and care needs of the child need to be explicit. The sharing of the findings within the team for learning has since lead to improved requests being submitted.




Voice of the child sits at 21% Good and 71% RI again only 7% deemed inadequate demonstrating that this area is progressing positively. Taking on board audit findings must ensure this continues to drive upwards to Good.

Making good decisions - Good is 35%, RI is 43% while inadequate is 21% indicating this is an area for improvement again audit findings in relation to supervision and management oversight would support improving practice here.

Likewise, Help and Protection is not dissimilar to the above - Good 29%; RI 50% and inadequate 21%. Health, education, Employment mostly sits within RI at 79%. While Inadequate is lower at 7% support for practice in this area is needed to drive up Good for our children in care.

Care Leavers/ Post 18 Care Experienced

Care leavers young people's audits have demonstrated an upturn in those deemed requires improvement. While this could be argued as improvement this must be measured against good and inadequate. Q1 has seen a decline in Good and an increase with inadequate (Inadequate audits for care leavers is 1 young person's audit). This arguably demonstrates that practice continues to be variable.

Grade	Care Leavers		
	Q4	Q1	Trajectory
Good	43%	27%	
RI	57%	63%	
IA	0%	9%	

Care leavers service demonstrates improving practice in terms of timely visits and these are often undertaken in line with the needs and complexity of the young person not only in line with practice standard minimum requirements. Conversely some children experiencing visits that are not timely. Q1 themes also include the team around the young person know them well, clearly showing responsibility as a corporate parent, feedback from young people supports this evidence also.

Voice of the child/young person is recorded on their files mostly, and the context of that young person's experience/journey is considered in assessments and planning. Improvement to evidence consistent practice would be much like other service areas – supervision needs to be timely, reflective and drive the planning.

For our Care Leaver young people, Voice of the child/YP 54% are graded good, RI is 37% and inadequate graded 9%. Care leavers service faces unique challenges as many of their young people are adults and choose not to engage however audit narrative demonstrates early relationship building, that is consistent, bodes well for engagement of our young people into adulthood.

This is also reflected in the domains of Support into adulthood – where Good sits at 36% while RI is 64% with no inadequate. Health, education, employment is a similar picture with Good graded 36%, RI 64%, again none graded inadequate.

The team restructure has impacted our young people some of whom have experienced several changes in worker. While relationship-based practice is evident with some powerful positive feedback from young people, there is also the voices of young people not able to build those strong relationships evident also.

Making Good decisions (Good 18%, RI 64%, Inadequate 18%) and Help and Protection (Good 36%, RI 55%, Inadequate 9%) is a little more variable and like other service areas management oversight, reflective supervision, timely visits would support improvement here.

Child Protection Chairs and IRM's

Grade	IRM's		
	Q4	Q1	Trajectory
Good	Not collated previously for quarterly report	25%	
RI	Not collated previously for quarterly report	63%	
IA	Not collated previously for quarterly report	5%	

IRM's practice is mostly RI or Good. Monthly file audits have established that oversight by the IRM is improving for children, along with consistency of their escalation and challenge. However, escalation needs to evidence impact and change for the child.

IRM service has 5% deemed inadequate with all other audits sitting in good 25% and RI at 63%. IRO mid-point reviews are an action to improve practice and service for CIC also VOC and inclusion of children and young people in their plans.

Mid-point reviews are an improving picture and while some children do not receive these, an increasing number are. An audit was undertaken where mid-point reviews were established as an area for improvement. Service capacity can be argued to have impacted midpoint reviews during this quarter due to an extended staff absence in the early part of Q1.

A review audit evidenced a significant number of mid-point reviews are being undertaken which include challenge to drift/delay. 93% had evidence of Midpoint reviews (13 of 14 children). These are well written and inclusive of the relevant people.

A significantly high number included collaborative discussion with the social worker. The audit questioned how to improve the practice and established some triangulation is needed at this stage in the child's plan.

Scrutiny from monthly file audits is complimented by regular thematic dip sampling of the service undertaken by the service manager and HoS. Category of need for those children subject to child protections plans has raised some concerns. The category is not always reflective of the presenting needs of the child and their family. Audit learnings were shared, and review audit has been undertaken with improvement noted.

Dip sample audit was also undertaken of private fostering arrangements and the IRM footprint in respect of this. Issues of timely assessment and private fostering process being adhered to were found. The private fostering process is currently subject to review and learnings from the review are incorporated into the improvement plan.

Further auditing of IRO visits to our children in care has been undertaken. The audit found while several visits are undertaken there is inconsistent practice. Children's needs also must be considered when they are new into our care and have a lot of new faces to process. Consistency is needed that is child focused to ensure children are seen prior to their review. Separated migrant children often do not speak English as a first language and the process of their status can be overwhelming. There needs to be support to alleviate this as much as possible.

Children in our care require updated holistic assessment of their changing needs. Dip sampling found this was an area in need of improvement. 92 assessments were overdue for children aged 15 and under. Some related to large sibling groups and dated back over 2 years. 22 children had their last assessment completed in 2023. Some of these children have been in our care for several years. The identified children have been shared with IRO's to address at the next children's review meetings during June/July 2025. Alternatively, the midpoint review may be utilised to raise the matter. Findings have been shared at team meetings and a further updated dip sample will be undertaken to close the loop.

Again, a theme that continues across the service areas is the evidence of positive feedback from parents for the IRM service. Evidencing working together with families has positive impact, as opposed to 'doing to'.

4. ICART multi-agency monthly audits

For these audits a multi-agency group come together to scrutinise contact/referral information, and they consider how this marries up with information about the child/family held by each agency. April 2025 saw no audits completed due to attendee's availability. 8 Families were subject to audit for the Q1 time period in total. 2 (25%) were graded Good, 3 (37.5%) were deemed RI and again 3 (37.5%) graded inadequate.

Again, data and information can be distorted due to lower returns. To more accurately capture the picture of Q4 and Q1 accumulatively (Jan – June 2025) overall Good 11%, RI 39%, IA 50%.

ICART has evidenced the benefit of the PITSTOP meeting having a positive impact. Partner agencies often provide good information for ICART to direct families promptly to the right service. Conversely this is an area for improvement also and information can be lacking in detail which has potential to impact delay for families.

ICART have evidence of prompt and thorough screening for families also. This includes a prompt response for those children requiring a strategy meeting. Areas identified for significant improvement include that partners must ensure detailed and accurate information is provided, ICART should effectively challenge this when it is not readily available.

Some families experience delay with numerous contacts before progression for referral to assessment. Attention to detail needs to improve to ensure all children are screened effectively and included in progression to assessment. Again, father inclusive practice is an area that requires improvement. Ensuring all relevant relationships are linked at the outset of contacts is vital for those children requiring assessment and potentially family network meetings, care proceedings and early permanence.

The information is collated along with actions in the audit. The actions are tracked to ensure closing the loop. The findings are shared at the meetings for partnersto take back to their relevant service areas for sharing of good practice and improvements needed. ICART HOS and SM also ensure learnings are disseminated across the team.

5. Thematic Audits

April 2025 Placement With parents (PWP)

The audit considered 10 children across 7 families.

Key findings were:

- Evidence of some good practice and PWP regulations being adhered to mostly for those families
- The Eclipse System does not differentiate between ICO which would be PWP & s38.6 which is not PWP.
- There is a lot of confusion over the LA placing with parents versus the court directing placing with parents. Files are not reflecting this clearly and when circumstances changed or why they changed.
- Confusion regarding who is authorising paperwork versus who has agreed placement

- Auditors struggled to find information, assessments, visiting requirements
- Lack of IRM challenge around the issues highlighted above

We need to be mindful that across the workforce, working with a PWP matter may not be common practice for SW. Training will enhance skills but unless it is put in to practice it can be forgotten. Therefore, it is suggested consideration of rolling mandatory training for all SW's and TM's.

SW need to be able to access robust guidance when allocated a family where there is a PWP requirement to ensure effective service delivery for children. Identifying a strategic lead may support this.

A review of the local application of PWP regs may be beneficial to clarify for example who authorises these arrangements as this is not consistent. It would be helpful for the Eclipse System to differentiate between PWP Regs and court directed s38.6 as currently data is drawn from 'children living with their parent',

For children living with parents under the auspices of a s38.6, we need to consider how this is supported in practice. For example, should the same checks and assessments be completed as those where PWP was the plan. Whilst the outcome would not be PWP it would evidence the risks and concerns associated with the placement and will support the development of a robust care and safety plan for the child.

Findings of this audit and plan for improvement were discussed at July 2025 Aiming High meeting. Re-audit in December 2025 will explore the effectiveness of these responses.

Prevention of Homelessness and Provision of Accommodation for 16 and 17 Year Olds who may be homeless and/or Require Accommodation; and Duty to Refer

Where young people were determined in need of an assessment service provision was more in line with procedural requirements. Evidence of some good practice was seen by the auditors.

Upon receiving contacts at ICART data is not collated from this point and housing provide the data to CSC. As it is the responsibility of CSC to undertake assessment and/or provision of s20 accommodation CSC should be able to determine who these young people are from their own data set. If CSC are not referring to housing some young people may not be in the housing data.

The audit while based on small numbers found inconsistency in practice application and a lack of understanding of the requirements for assessing a young person presenting as homeless. For best practice to be supported the policy is currently under review, there are 2 lead practitioners for this area, work alongside the DFE is being undertaken to scrutinise the policy and roll out learning and expectations of good practice in the near future.



16 17 homeless
Thematic May 2025 v:

Under 2's - engagement and support of Fathers

The audit found that practice is variable. When fathers are included, this is done in a positive way. However very few are included consistently and from the start of the child's journey at point of referral through to planning. Referrals to ICART varied whether father information was included from partners. When names are included the legal status in respect of Parental Responsibility is often not included.

There is already an action in place to roll out the *Developing Father Inclusive Practice Strategy*. This will support improvement activity across the partnership. In addition to the above, this audit will be shared at HCSP Quality and Impact subgroup to support multi agency improvement activity and raise awareness of the strategy.

ICART and DAT service improvement activity is required to ensure that consideration of PR is evident in all contact, referral and assessment activity as well contacting Fathers. Eclipse user group to consider if the system can support practitioners to identify and explore gaps in family information.



Thematic audit -
father inclusive practi

Conclusion

While practice remains variable and the narrative of findings is often contradictory it appears to be an improving picture. Key areas such as voice of the child, supervision, management oversight, consistency in plans, timely assessment need drive and grip to ensure the buds of good practice are developed and emulated consistently across all service areas.

Our CIN/CP teams have seen a significant downturn with inadequate audits this quarter and the narrative within those children's audits indicates foundations of improved practice. The drive of this needs to be cemented to ensure progression towards increased Good audits.

Re-audit activity, 'closing the loop', offers reassurance. While acknowledging 2 children's records demonstrate practice not in line with our standards (This is being addressed by the HOS) 87.5% were deemed no longer inadequate. This equates to 14 out of 16 children subject to re-audit.

Family/parent/child feedback through Q1 while limited has been generally positive. Key areas for improvement are communication and consistency of worker. What is

evident is the value of relationship-based practice that is kind, caring, respectful and honest.

Where some audit records have been graded less than expected practice, the family experience has been positive. While cautiously optimistic this is based on small numbers. For stronger evidence and assurance family feedback is an area for improvement to ensure robust triangulation.

The next challenge must be the application of consistently good practice across all service areas and to ensure children's records reflect our expected standards that should they ever read them, children can understand the how, what, when, where and why of their experience.

Family/Parent/Carer/YP feedback.

- ✓ **Mum – I like MAP. It means agencies are accountable.**
- ✓ **Mum- CIN meetings positive, helpful and supportive of her and the children. I loved the Gateway Programme and found it very informative and made me know that I am not alone and I am with survivors. Go in as a victim ... come out as a survivor - it was (Worker's) referral and the "Best thing ever"**
- ✓ **A rationale was explained even though I disagreed with it initially, it was delivered in an appropriate and empathic way. I felt safe and supported. SW was given 10/10 in all areas**
- ✓ **Child - A big difference. I don't know how to describe it. She's very nice and very helpful.**
- ✓ **Child – Is there anything your worker could do better - Visit more frequently. She's a social worker so she has to do everything the best she can.**
- ✓ **Mum - Even though our family being allocated a social worker has not been an expected experience, working with SW has been nothing but a positive experience for our family. SW has been explaining the entire process and what the next steps entail, including how it will benefit our family in the future. 10/10 in all areas.**
- ✓ **Mum - scored 10/10 in most areas which is really positive, and is sharing that the home conditions have improved and that she is keeping on top of these more. Support as made the biggest difference.**
- ✓ **Mum - I just want to say SW is a brilliant social worker she took time to help me and understand and work through the situation and was very truthful with what she was saying about the process**
- ✓ **Mum - I've learnt it is ok to reach out and ask for help. Being kept informed of everything that was going on. The worker's openness and honesty has allowed me to make decisions throughout our time together and for the**

future. Aswell as protecting and safeguarding around my child, I have felt fully supported both practically and emotionally. Scored 10/10 by mum

- ✓ Carer, the biggest difference - Support from the fostering team. Carer has rated their worker 10/10
- ✓ Carer - Plan some visits further in advance to allow Child to prepare please. When SW does visit, I feel that I can relate to her and I am confident to share any issues or concerns.
- ✓ Child - What can we do better? -- Arrange next visit during the current visit; Answer text messages in timely way; Shared holiday dates (when SW is on AL)
- ✓ YP was very positive about his relationship with PA.
- ✓ How helpful is your worker – 10/10 - They have made a huge amount of difference, I've been able to develop into the adult I am today and my worker has aided that journey quite considerably and I owe him a lot for that.
- ✓ YP - I find having a PA amazing! She is always there when I need her even now that I'm 23 if I call her, she tries her best to help me. She's always first to tell me if I'm in the wrong when I need it. PA has always pushed me to do well in life, when I was pregnant with my youngest, she attended every meeting and even my daughters care review meetings when she was invited, she attended to advocate for me. She's made me be very independent but also, she's made sure I've known if I need help to ask and how to do it. I'm pretty happy with all the help and support from the council too

8. Next Steps for audit and QA

We will standardise our thematic audit activity and reporting, exploring what we would want to see (best practice), what we think we are likely to see (self assessment by individual service areas) and what we actually see (audit findings). This will support managers to reflect on social work practice and the quality of service delivery and provide them with the tools to explore their hypotheses.

We will be exploring the use of Appreciative Inquiry. This offers practitioners time and space to reflect on a good piece of work, and explore what caused the work to have an impact. This allows us all to learn from what works well and helps us to build a continual learning culture where we celebrate good practice.

Lynette Lofthouse Practice Improvement and Quality Assurance Officer

Susanne Leece Head of Service Children's Safeguarding & Quality Assurance